

## RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources-Division of Water Quality

## WELL CONTRACTOR CERTIFICATION #

1. WELL CONTRACTOR:	f. DISINFECTION: Type	Amount
	g. WATER ZONES (depth):	
Well Contractor (Individual) Name	FromTo	From To
	FromTo	From To
Well Contractor Company Name	From To	From To
STREET ADDRESS	6. CASING:  Depth From To Ft.	Thickness/ Diameter Weight Material
City or Town State Zip Code  () Area code- Phone number	FromToFt	
	7. GROUT: Depth	Material Method
2. WELL INFORMATION:	From To Ft	
SITE WELL ID #(if applicable)	From To Ft From To Ft	
STATE WELL PERMIT#(if applicable)		<del></del>
DWQ or OTHER PERMIT #(if applicable)		meter Slot Size Materialinin.
WELL USE (Check Applicable Box): Residential Water Supply ☐  DATE DRILLED	From To Ft	in in
TIME COMPLETED AM  PM		
3. WELL LOCATION:	9. SAND/GRAVEL PACK: Depth	Size Material
CITY: COUNTY	FromToFt.	
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)  TOPOGRAPHIC / LAND SETTING:  □Slope □Valley □Flat □Ridge □Other  (check appropriate box)  LATITUDE 3 □ May be in degrees, minutes, seconds or in a decimal format  Latitude/longitude source: □GPS □Topographic map  (location of well must be shown on a USGS topo map and attached to this form if not using GPS)  4. WELL OWNER  OWNER'S NAME □  STREET ADDRESS □  City or Town State Zip Code  (□ )-  Area code - Phone number  5. WELL DETAILS:  a. TOTAL DEPTH: □  b. DOES WELL REPLACE EXISTING WELL? YES □ NO □	10. DRILLING LOG From To	Formation Description
c. WATER LEVEL Below Top of Casing:FT.  (Use "+" if Above Top of Casing)  d. TOP OF CASING ISFT. Above Land Surface*	I DO HEREBY CERTIFY THAT THIS WELL V 15A NCAC 2C, WELL CONSTRUCTION STA RECORD HAS BEEN PROVIDED TO THE V	
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.	SIGNATURE OF CERTIFIED WE	LL CONTRACTOR DATE
e. YIELD (gpm): METHOD OF TEST	PRINTED NAME OF PERSON CONSTRUCTING THE WELL	